DICKINSON WRIGHT

Under the Paperwork Reduction Act of 1995	U.S. F	-tt and Tendomode Of	PTO/SB/21 (09-04) or use through 07/31/2006, OMB 0661-0031 flice; U.S. DEPARTMENT OF COMMERCE leas it displays a valid OMB control number.						
Under the Paperwork Reduction Act of 1995	Application Number	10/701,844							
TRANSMITTAL	Filing Date	November 4, 2003	RECEIVED						
FORM	First Named Inventor	W. James JACKSON,	et al. CENTRAL FAX CENTE						
	Art Unit	1645							
(to be used for all correspondence after initial	Examiner Name	P. Baksar	DEC 13 2005						
	2 Attomey Docket Number	71515.96.999							
ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	n di	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify pelow):						
SIGNA	TURE OF APPLICANT, ATTO	RNEY, OR AGE	NT '						
Firm Name Dicklnson Wright, PLLC	1								
Signature	John								
Printed name John M. Naber	/								
Date December 13, 2005		Reg. No. 46,487							
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						THE PARTY OF THE P	
I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.					Market pre-		
OR I hereby appoint the practitions	ers associated with the	Custo	mer Nu	mber:	35	161	
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 8.73(b) is enclosed. (Form PTO/SB/96)							
Signature Signat							
Name W. Japones Jackson							
Date // /2 /10/1-		Tel	ephone	(301) 944-0	aco		
NOTE: Signatures of all the inventors or sassignees of	record of the entire interest or the		•			ims if more than one	
signature is required, see bolow.							
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